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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

<b>Title of Invention</b>	<b>Suppression of Transplant Rejection</b>
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As the below named inventor(s), I/we declare that:

This declaration is directed to:

☐ The attached application, or

☒ Application No. PCT/GB2004/002647, filed on JUNE 19, 2004,

☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

<b>FULL NAME OF INVENTOR(S)</b>	
Inventor one: <u>ANDREW BUSHELL</u>	
Signature: <u>Andrew Bushell</u>	Citizen of: <u>UNITED KINGDOM</u>
Inventor two: <u>KATHRYN WOOD</u>	
Signature: _____	Citizen of: <u>UNITED KINGDOM</u>
Inventor three: <u>MUHZUZ KARIN</u>	
Signature: _____	Citizen of: <u>UNITED KINGDOM</u>
Inventor four: <u>VANESSA OLIVEIRA</u>	
Signature: _____	Citizen of: <u>PORTUGAL</u>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	

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**FULL NAME OF INVENTOR(S)**

Inventor five: BRIGIT SAWITZKI

Signature: \_\_\_\_\_ Citizen of: PORTUGAL

Inventor six: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor seven: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor eight: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

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Inventor one: ANDREW BUSHELL

Signature: [Signature] Citizen of: UNITED KINGDOM

Inventor two: KATHRYN WOOD

Signature: [Signature] Citizen of: UNITED KINGDOM

Inventor three: MUHZUZ KARIN

Signature: \_\_\_\_\_ Citizen of: UNITED KINGDOM

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Signature: \_\_\_\_\_ Citizen of: PORTUGAL

Inventor six: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor seven: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

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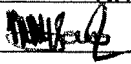
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FULL NAME OF INVENTOR(S)	
Inventor one: <u>ANDREW BUSHELL</u>	
Signature: _____	Citizen of: <u>UNITED KINGDOM</u>
Inventor two: <u>KATHRYN WOOD</u>	
Signature: _____	Citizen of: <u>UNITED KINGDOM</u>
Inventor three: <del>MANZUZ KARIM</del> <b>MANZUZ KARIM</b>	
Signature: 	Citizen of: <u>UNITED KINGDOM</u>
Inventor four: <u>VANESSA OLIVEIRA</u>	
Signature: _____	Citizen of: <u>PORTUGAL</u>
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Inventor five: BRIGIT SAWITZKI

Signature: \_\_\_\_\_ Citizen of: PORTUGAL

Inventor six: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

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Inventor four: <u>VANESSA OLIVEIRA</u>	
Signature: <u>Vanessa Alexandra G. do Oliveira</u>	Citizen of: <u>PORTUGAL</u>
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Signature: _____	Citizen of: _____
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/561,411
Filing Date	December 19, 2005
First Named Inventor	Andrew Bushell
Title	Suppression of Transplant Rejection
Art Unit	
Examiner Name	
Attorney Docket Number	ISI-101

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23557

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Andrew Bushell</i>	Date	11.1.06
Name	ANDREW BUSHELL	Telephone	044 1865 221305
Title and Company	DR. HUFFIELD DEPARTMENT OF SURGERY, UNIVERSITY OF OXFORD		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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Address

City

State

Zip

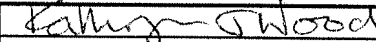
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	11-1-06
Name	KATHRYN WOOD	Telephone	+44 1865 221300
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	10/561,411
<b>Filing Date</b>	December 19, 2005
<b>First Named Inventor</b>	Andrew Bushell
<b>Title</b>	Suppression of Transplant Rejection
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	ISI-101

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## **SIGNATURE of Applicant or Assignee of Record**

Signature		Date	6TH JAN 2006
Name	MAHZUZ KARIM	Telephone	01603 288930(UK)
Title and Company	CONSULTANT NEPHROLOGIST, NORFOLK AND NORWICH UNIVERSITY HOSPITAL NHS TRUST		

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	Vanessa Alexandra G. de Oliveira	Date	13.01.06
Name	VANESSA OLIVEIRA	Telephone	916841613
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Brigit Sawitzki</i>	Date	10.1.2006
Name	BRIGIT SAWITZKI	Telephone	
Title and Company	Dr. <del>Hamid Saberi</del> Amir Charles University Medicine, Institut für Med. Immunologie		

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